

PRINTED: 11/21/2013
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2013
NAME OF PROVIDER OR SUPPLIER CLAIBORNE COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1850 OLD KNOXVILLE ROAD TAZEWELL, TN 37879		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08 (2) Building Standards</p> <p>(2) After the applicant has submitted an application and licensure fees, the applicant must submit the building construction plans to the department. All new facilities shall conform to the 2006 edition of the International Building Code, except for Chapter 11 pertaining to accessibility and except for Chapter 27 pertaining to electrical requirements; the 2006 edition of the International Mechanical Code; the 2006 edition of the International Plumbing Code; the 2006 edition of the International Fuel and Gas Code; the 2006 edition of the National Fire Protection Code (NFPA) NFPA 1 including Annex A which incorporates the 2006 edition of the Life Safety Code; the 2010 Guidelines for Design and Construction of Health Care Facilities; the 2005 edition of the National Electrical Code; and the 2005 edition of the U.S. Public Health Service Food Code as adopted by the Board for Licensing Health Care Facilities. The requirements of the 2004 Americans with Disabilities Act (A.D.A.), and the 1999 edition of North Carolina Handicap Accessibility Codes with 2004 amendments apply to all new facilities and to all existing facilities that are enlarged or substantially altered or repaired after July 1, 2006. When referring to height, area or construction type, the International Building Code shall prevail. Where there are conflicts between requirements in local codes, the above listed codes and regulations and provisions of this chapter, the most stringent requirements shall apply.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was</p>	N 832	<p>N 832 1200-8-6-.08(2) Building Standards</p> <p><u>Corrective Action Taken:</u> The identified corridor handrails by rooms 109, 124, and 124 were tightened securely 11/19/2013 by maintenance personnel.</p> <p><u>How to identify similar issues:</u> 100% of all corridor handrails were checked by maintenance personnel 11/19/2013. All "loose" handrails were tightened immediately.</p> <p><u>Measures put in place:</u> Biannual building inspections have been revised to include, "All railings, corridor and bathroom, are attached properly and secure." Maintenance personnel will complete checklist and any railings not secure will have a work order for repair completed and repair should be completed within 24 hours.</p> <p><u>Monitoring:</u> Completed inspection checklist will be submitted to the Facility/Safety Manager. The Facility/Safety</p>	

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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U5R121

If continuation sheet 1 of 3

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CLAIBORNE COUNTY NURSING HOME

1850 OLD KNOXVILLE ROAD
TAZEWELL, TN 37879

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N 832	Continued From page 1 determined handrails provided in the corridor were firmly attached in accordance with the handicap accessibility standards. The findings include: Observation and interview with the Maintenance Director on November 17, 2013 at 10:50 a.m. confirmed the corridor handrails by rooms 109, 124, and 122 were loose. This finding was verified by the Maintenance Supervisor and acknowledged by the Risk Manager during the exit conference on November 17, 2013.	N 832	Manager will compute the rate of compliance using this formula: # of loose handrails repaired within 24 hours / Total # of loose handrails identified = rate of compliance. Compliance is expected to be 100%. Completion of repair is expected to be within 24 hours. Responsible Person: Facility/Safety Manager COMPLETION DATE: 12/15/2013	12/15/13
N 848	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on observation and interview, it was determined clean linen storage areas were maintained under a relative positive air pressure. The findings include: Observation of the 2nd floor clean linen room on November 17, 2013 at 12:30 p.m. confirmed the room was at a negative pressure. This finding was verified by the Maintenance Supervisor and acknowledged by the Risk Manager during the exit conference on November 17, 2013.	N 848	N848 1200-8-6-.08 (18) Building Standards <u>Corrective Actions Taken:</u> The HVAC technician opened the vent, secured the opening and confirmed that the fan on FAU was on constant fan so that positive pressure was achieved in the identified 2 nd floor clean linen room on 11/18/2013. <u>How to identify similar issues:</u> 100% clean linen storage areas checked by maintenance personnel for positive air	

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			<p>N848 Continued</p> <p>pressure. This inspection was completed 11/20/2013.</p> <p><u>Measures put in place:</u> (1) A list will be compiled listing all positive and negative pressure rooms. (2) The bi-annual inspection form has been revised to include that positive and negative rooms are functioning correctly. (3) A maintenance personnel will be assigned to inspect that all positive and negative pressure rooms are functioning correctly and submit the report to the Facility/Safety Manager. (4) A repair work order will be entered within 24 hours of inspection completion.</p> <p><u>Monitoring:</u> The completed quarterly inspection form will be submitted to the Facility/Safety Manager who will compute rate of compliance. The rate of compliance will be calculated by using this formula; # of correctly functioning positive and negative pressure rooms / the Total # of</p>	

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			N848 Continued positive and negative pressure rooms in the building = rate of compliance. Expected rate of compliance is 100%. Responsible Person: Facility Manager COMPLETION DATE: 12/15/2013	12/15/13

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